DOSITION	INITIAI S	ID NO.	DATE	
FEE DETERMINATION	enilit	+	02/16-01	
O.I.P.E. CLASSIFIER		11/	11/2	
FORMALITY REVIEW	2	10022	113	
RESPONSE FORMALITY REVIEW	Mo	16900	05/2/01	

## INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	_	Objected

	*	Restricted	0	Objected	i
Claim	Date	Claim	Date	Claim	Date
Final Original	277	Final Grand		Final	
14 N		5 + + N N		101	
<del>    <b>3</b>  /   )                                 </del>				102	
				104	
<del></del>	++++			105	
	<del>                                     </del>			106	
		8		108	
		9		109	
	<del>, , , , , , , , , , , , , , , , , , , </del>			110	
12	7			112	
				113	
1				114	
1				116	
				117	
19				118	
20 /				120	
21 V				121	
· 22 / / N				122	
24		73 NV		123	
25	7	N V		125	
(31) N		76		126	
		- NAV		127	
<b>3</b> 0		7		129	<del>+     +        </del>
30				130	
3 1 1 3				131	+
(33)				133	<del></del>
54 / V				134	
36				135	<del>- - - - - - - - - - - - - - - - - - - </del>
37	4			137	
38	<del></del>			138	
(40)	<del>/////</del>			139	++++
		_    9f	<del></del>	141	<del>                                     </del>
9		92		142	
4		93	-+	143	
_   <b>46</b>   ;   ;   }		95		144	++++
<b>5</b>		96		146	
4		97 98		147	
4714		99		148	
5 7 7 NO		100		150	

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)